

AMENDMENTS TO THE CLAIMS

Please amend claims 15, 21, 42, 48, and 60-62.

1-14. **(Canceled)**

15. **(Currently Amended)** A method for treating arthritis comprising administering by injection to a subject an isolated fully human anti-TNF α antibody, or an antigen-binding portion thereof, in at a weekly low dose of ~~about 0.06-0.10-0.21 mg/kg at a frequency of about once per week,~~ such that the arthritis is treated as demonstrable by mean arthritic score, wherein the anti-TNF α antibody, or antigen-binding portion thereof, dissociates from human TNF α with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s $^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNF α cytotoxicity in a standard *in vitro* L929 assay with an IC $_{50}$ of 1×10^{-7} M or less, and wherein arthritis is treated by alleviating at least one symptom selected from the group consisting of joint distortion, swelling of the joints, joint deformation, and ankylosis on flexion.
16. **(Original)** The method of claim 15, wherein the arthritis is rheumatoid arthritis.
17. **(Previously Presented)** The method of claim 15 or 16, wherein arthritis is further treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

18-20. **(Canceled)**

21. **(Currently Amended)** A low dose method for alleviating at least one symptom[[s]] associated with arthritis comprising administering by injection to a subject an isolated fully human anti-TNF α antibody, or an antigen-binding portion thereof, in a at a weekly low dose of ~~about 0.06-0.21 mg/kg at a frequency of about once per week,~~ such that at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity is alleviated, as demonstrable after 10 treatments, wherein the anti-TNF α antibody, or antigen-binding portion thereof, dissociates from human TNF α with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of 1×10^{-3} s $^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNF α cytotoxicity in a standard *in vitro* L929 assay with an IC $_{50}$ of 1×10^{-7} M or less.

22. **(Previously Presented)** The method of claim 21, wherein the arthritis is rheumatoid arthritis.
23. **(Canceled)**
24. **(Previously Presented)** The method of claim 21, wherein the symptom is further selected from the group consisting of joint distortion, swelling, joint deformation, ankylosis on flexion, and severely impaired movement.
- 25-30. **(Canceled)**
31. **(Previously Presented)** The method of claim 15 or 21, wherein the anti-TNF α antibody, or an antigen-binding portion thereof, is administered with an additional therapeutic agent.
- 32-33. **(Canceled)**
34. **(Previously Presented)** The method of any one of claims 15 or 16, wherein the anti-TNF α antibody, or an antigen-binding portion thereof, is D2E7.
35. **(Previously Presented)** The method of any one of claims 21 or 22, wherein the anti-TNF α antibody, or an antigen-binding portion thereof, is D2E7.
- 36-41. **(Canceled)**
42. **(Currently Amended)** A low dose method for treating rheumatoid arthritis comprising administering by injection to a subject at a weekly low dose of ~~about~~ 0.06-0.21 mg/kg of a fully human TNF α antibody, or antigen-binding portion thereof, ~~at a frequency of about once per week~~ such that the rheumatoid arthritis is treated, as demonstrable by mean arthritic score after 10 treatments, wherein the anti-TNF α antibody, or antigen-binding portion thereof, dissociates from human TNF α with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of $1 \times 10^{-3} \text{ s}^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNF α cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less, and wherein arthritis is treated by alleviating at least one symptom selected from the group consisting of joint distortion, swelling of the joints, joint deformation, and ankylosis on flexion.
43. **(Previously Presented)** The method of claim 42, wherein rheumatoid arthritis is further treated by alleviating at least one symptom selected from the group consisting of bone erosion, cartilage erosion, inflammation, and vascularity.

44. **(Canceled)**
45. **(Previously Presented)** The method of claim 42, wherein the anti-TNF α antibody, or antigen-binding portion thereof, is D2E7.
- 46-47. **(Canceled)**
48. **(Currently Amended)** A low dose method of improving symptoms in the joints of a subject having arthritis comprising administering by injection to the subject a weekly low dose of ~~about~~ 0.06-0.21 mg/kg of a fully human anti-TNF α antibody, or antigen-binding portion thereof, ~~at a frequency of about once per week~~ such that at least one symptom selected from the group consisting of inflammation, cartilage erosion, bone erosion, and vascularity is improved, wherein the anti-TNF α antibody, or antigen-binding portion thereof, dissociates from human TNF α with a K_d of 1×10^{-8} M or less and a k_{off} rate constant of $1 \times 10^{-3} \text{ s}^{-1}$ or less, both determined by surface plasmon resonance, and neutralizes human TNF α cytotoxicity in a standard *in vitro* L929 assay with an IC_{50} of 1×10^{-7} M or less.
- 49-59. **(Canceled)**
60. **(Currently Amended)** The method of claim ~~45~~, 21, 42, or 48, wherein the low dose is ~~about~~ 0.06-0.16 mg/kg.
61. **(Currently Amended)** The method of claim ~~45~~, 21, 42, or 48, wherein the low dose is ~~about~~ 0.06-0.11 mg/kg.
62. **(Currently Amended)** The method of claim ~~45~~, 21, 42, or 48, wherein the low dose is ~~about~~ 0.09-0.11 mg/kg.